



**Montgomery County  
Department of Permitting Services**

255 Rockville Pike, 2<sup>nd</sup> Floor  
Rockville, MD 20850-4166  
Phone: 311 in Montgomery County or (240)777-0311  
www.montgomerycountymd.gov/dps



**MECHANICAL INSPECTION REPORT/CERTIFICATION**

The Department of Permitting Services will accept this report/certification in lieu of inspecting the work noted below. This inspection must be conducted by the licensed HVACR contractor responsible for this project or any professional engineer licensed in the state of Maryland.

This special report is to include **pipng materials and methods of installation, burial depth, joints and connections, storage tanks installation and other applicable requirements of the code.** The piping system being tested includes those of all stationary equipment, including but not limited to industrial, commercial and residential type steam, hot water, and warm air heating and cooling.

System tested: \_\_\_\_\_

**Refrigerant Piping**

Manufacturers test pressure or relief pressure \_\_\_\_\_, test pressure \_\_\_\_\_, time tested \_\_\_\_\_

D Approved            D Disapproved            Comments: \_\_\_\_\_

**Hydronic Piping**

Maximum system design pressure \_\_\_\_\_, test pressure \_\_\_\_\_, time tested \_\_\_\_\_

D Approved            D Disapproved            Comments: \_\_\_\_\_

**Fuel Oil Piping and Storage**

Maximum working pressure \_\_\_\_\_, test pressure, \_\_\_\_\_, time tested \_\_\_\_\_

D Approved            D Disapproved            Comments: \_\_\_\_\_

**PROVIDE AN ORIGINAL COPY FOR THE INSPECTOR AT JOB SITE**

**SUPPLEMENTAL TESTING REPORTS AND INSPECTION RECORDS SHALL BE ATTACHED TO THIS REPORT.**

I certify this report is true and that the equipment has been inspected and tested in compliance with IRC, IMC, NFPA, or IFGC, as appropriate. This certification represents the completion of this phase of construction.

MD HVACR Master or PE license number \_\_\_\_\_

Date inspected \_\_\_\_\_

Mechanical permit number \_\_\_\_\_

**CERTIFICATION OF ABOVE REPORT BY**

\_\_\_\_\_  
Name (print) of authorized individual

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Seal